



# CITY OF BEDFORD HEIGHTS EMPLOYMENT APPLICATION MAYOR FLETCHER BERGER

Pre-Employment Questionnaire An Equal Opportunity Employer

7 iii								
PERSONAL INFORMATION								
Name (Last, First):				Social Security No. (required ONLY upon being hired):				):
Current Address:			Apt. #	City:			State:	Zip:
Email Address:				Home Phone: Cell			Phone:	
Are you under the age of 21? If under 21, what			rage?	Do you hold an Ohio Driver's License?				
Yes No				If yes, list			Yes	No
DESIRED EMPLOYMENT								
Desired Position:		Date you can start:		Sala	Salary desired:			
Are you currently employed?		If you are employed may we inquire of your present employer?			-			
Yes No			•				Yes	No
Have you ever applied with the	city before?	Department?		Date	Date of application:			
Yes No								
Have you ever worked for the c	ity before?	Department?		Date	Date of application:			
Yes No Seasonal								
Reason for leaving:								
Name of last supervisor your worked for at this city:								
How did you find out about us?								
Tiow did you find out about us:								
City Newspaper								
Employment Office College Placement Service Walk in/Bulletin Board Other								
I Desire work that is: Full-time Part-time Seasonal Volunteer								
EDUCATION								
School Level Na	ame and Loca	tion of School	Years	Attended	Graduation D	Date	Subjects S	Studied
High School								

School Level	Name and Location of School	Years Attended	Graduation Date	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				
Other Education				

# **FORMER EMPLOYERS**LIST BELOW THE LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT ONE FIRST

Name of present or last employ	ver:					
Address:		City:	State: Zip:			
Starting Date:	Leaving Date:	Job Title:				
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	Yes No			
Name of Supervisor:		Title:	Phone:			
Description of work:			<u>l</u>			
Reason for leaving:						
Name of present or last employ	vor.					
		Tax				
Address:		City:	State: Zip:			
Starting Date:	Leaving Date:	Job Title:				
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	Yes No			
Name of Supervisor:		Title:	Phone:			
Description of work:						
Reason for leaving:						
Trodoon for loaving.						
Name of present or last employ						
Address:		City	State: Zip:			
		City:	State: Zip:			
Starting Date:	Leaving Date:	Job Title:				
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	Yes No			
Name of Supervisor:		Title:	Phone:			
Description of work:						
Reason for leaving:						
reason for leaving.						
Name of present or last employ	/er:					
Address:		City:	State: Zip:			
Starting Date:	Leaving Date:	Job Title:				
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	Yes No			
Name of Supervisor:	<u> </u>	Title:	Phone:			
Description of work:						
Reason for leaving:						

### REFERENCES

Name Address		Address / City		Phone Number	Years Acquainted	Type of Reference (social or co-worker)	
1					·		
2							
3							
4							
PERSONAL HIGHLIGHTS							
PLEASE NOTE ANY SPECIAL AWA	RDS, HONORS, ETC.	YOU WANT US TO P	KNOW ABOUT:				
SERVICE RECORD							
BRANCH OF SERVICE			DISCHARGE DA	ιΤΕ	RANK AT DISCHARGE		
TELL US ABOUT YOURSE	LF						
What are your strengths?							
What attracted you to Bedford Heights?							
Dedicia Fleights:							
What was your most satisfying job experience?							
Why should we hire you?							
UTHORIZATION CERTIFY THAT THE FACTI NDERSTAND THAT, IF EMF							
AUTHORIZE INVESTIGATIO O GIVE YOU ANY AND ALL AY HAVE, PERSONAL OR TILIZATION OF SUCH INFO	INFORMATION ( OTHERWISE AND	CONCERNING I	MY PREVIOUS EI	MPLOYMENT AND A	NY PERTINEN	T INFORMATION THE	
ALSO UNDERSTAND AND A OR EMPLOYMENT FOR AN IS IN WRITING AND SIGNE	Y SPECIFIED PER	RIOD OF TIME, (					
IGNATURE				DATE			
TATE OF OHIO UYAHOGA COUNTY, SS:							
worn to and subscribed in my	presence this	day of					

Signature of Notary Public

## DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY

INTERVIWED BY:				DATE:
COMMENTS:				
NEED MODIFICATION	Yes (Specify)	No	Driver's Licer	nse/Photo I.D. checked
INTERVINIER DV				L DATE:
INTERVIWED BY:				DATE:
COMMENTS:				
NEED MODIFICATION	Yes (Specify)	No	Driver's Licer	nse/Photo I.D. checked
	- POLICE DEPARTMENT	•		·
REPORTED BY:				DATE:
WEBCHECK:	es No	ECOMMENDED FOR HIRE		NOT RECOMMENED FOR HIRE
POLOGRAH: N	IOT REQUIRED P	ASSED ON_		DID NOT PASS
SIGNIFICANT CONCERN				
HIRE DATE:		POSITION HIRED FOR:		
SALARY:		DATE REPORTING FOR WOR	RK:	
APPROVED #1 MAYO	DR:			DATE:
APPROVED #2 DEPA	ARTMENT HEAD:			DATE:
APPROVED #3 FINAN	NCE DEPARTMENT:			DATE:

Employment Applications upon hiring are kept in personnel files in the payroll office.

All other employment applications are retained for review for a period of 12 months from the date of submission.